



Department of Insurance

Division of Workers' Comp

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NISAL CORP
P O BOX 24809
HOUSTON TX 77029

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-11-3102-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please be advised that this patient was in a pre-authorized or Division exempted return-to-work rehabilitation program, therefore preauthorization for the repeat interview was not required."

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The patient filled out a psychological battery of testing including the following questionnaires: BDI, BAI, BPI, Oswestry and the Fear-Avoidance Questionnaire' on 9/13/10 and 9/20/2010. Several documents from the requestor substantiate this was done while the claimant participated in a pain management program the same dates. (Attachment)" "However, the requestor separated the psychological battery testing done while in the pain management program then billed separately for it. Texas Mutual declined to issue payment for the testing as it appeared from the requestor's documentation to be a component of the pain management program." "Further, Rule 134.600 indicates psychological testing requires preauthorization if it is not part of a preauthorized return to work rehab program. Review of Texas Mutual's claim file shows no such request for the testing." "For these reasons no payment is due."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Highway 290, Austin, Texas 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 13, 2010 and September 20, 2010	96102	\$150.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.600 sets out guidelines for preauthorization, concurrent review, and voluntary certification of health care.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated December 28, 2010

- CAC-197 – PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
- CAC-97 – THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- 217 – THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF ANOTHER PROCEDURE PERFORMED ON THIS DATE.
- 930 – PRE-AUTHORIZATION REQUIRED. REIMBURSEMENT DENIED.

Issues

1. Did the requestor obtain preauthorization approval prior to providing the health care in dispute in accordance with 28 Texas Administrative Code §134.600?
2. Was the psychological testing performed as part of a return-to-work program or was the psychological testing billed separately?
3. Is the requestor entitled to reimbursement for the disputed services?

Findings

1. 28 Texas Administrative Code §134.600(c)(1)(B) states, "The carrier is liable for all reasonable and necessary medical costs relating to the health care ...only when the following situations occur...preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care." 28 Texas Administrative Code, Section §134.600(p)(7) requires preauthorization of "all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program." Since the requestor billed for the psychological testing (CPT code 96102) separately, preauthorization is required. Review of the submitted documentation finds no documentation to support that preauthorization approval was obtained prior to providing the psychological testing services in dispute in accordance with 28 Texas Administrative Code, Section §134.600.
2. The respondent submitted a copy of the chronic pain management progress notes performed on both disputed dates of service showing that the psychological testing was performed on the same day. The disputed psychological testing was included in the chronic pain management program previously reimbursed by the respondent.
3. In accordance with 28 Texas Administrative Code, Section §134.600, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	October 20, 2011
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.